DEPARTMENT OF HEALTH SERVICES

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July 31, 1989

CMSP Letter 89-3

TO: ALL COUNTY HEALTH DEPARTMENTS

SUBJECT: REVISED CMSP CARDS

Effective July 1, 1989, County Medical Services Program (CMSP) beneficiaries will receive revised eligibility cards issued through both the County Welfare Departments and the State Department of Health Services. (See attached card schematic, Figures 1 and 2). The revised CMSP card (CMSP-303) the Eligibility Subcommittee of the Small County Advisory Committee (SCAC) and the CMSP County Welfare Departments to better assist provider billing and beneficiary utilization. revised CMSP card includes information on the front of the card to more clearly identify the valid month, any share-of-cost required and cert date, as well as any other health insurance coverage. Also included on the front of the card are From the signature line, providers date lines. encouraged to verify the identification of the CMSP beneficiary being served.

Although County Health Departments are not directly involved in the issuing or use of the CMSP cards, you are being informed of this change should you receive any questions from beneficiaries. Please refer beneficiary questions to your County Welfare Department.

Sincerely,

m Martinez, Chief

County Medical Services Program

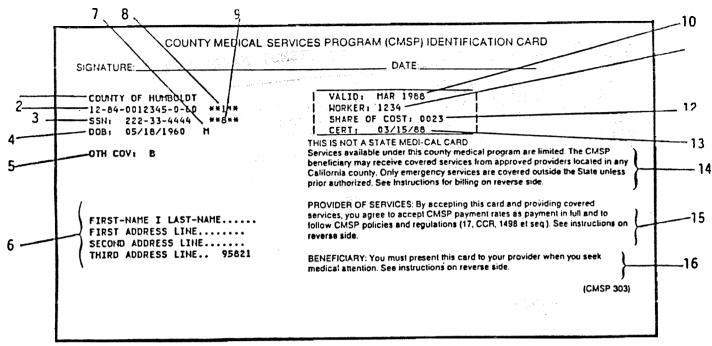


FIGURE 1. CMSP CARD (FRONT)

- Beneficiary County of Residence
- 2. Beneficiary ID Number
- Beneficiary Social Security Number
- Beneficiary Date of Birth
- 5. Other Coverage Indicator
- Beneficiary Name and Address
- 7. Sex of Beneficiary
- Beneficiary ID Number Check Digit

- Beneficiary Social Security Number Check Digit
- 10. Valid Month of Card
- 11. County Worker Number
- 12. Share of Cost Amount
- Date of Certification 13. (Only applies for SOC Beneficiaries 85 & 89)
- CMSP General Information
- 15. Provider Instructions
- Beneficiary Instructions 16.

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER THE COUNTY MEDICAL SERVICES PROGRAM CIASP MEDICAL PROVIDER INFORMATION

- Providers must make a good faith effort to verify the beneficiary identity before rendering services.
- Providers must bill any other health insurance prior to billing CMSP. See provider manual for exceptions.

 Out-of-state providers should contact the Department of Health Services for Information and billing instructions prior to providing services.
- utilizes the Medi-Cal Fiscal Intermediary for processing claims. Consult your provider manual.

CMSP rates are generally paid at 100% Medi-Cal. Consult your provider manual. CMSP DENTAL PROVIDER INFORMATION

- Dental providers must also abide by the provisions listed above.
- Providers in dental services should note that dental coverage under the CMSP differs substantially from Medi-Cal coverage. Providers of dental services should submit claims on either a CDA or ADA billing form to:

County Medical Services Program 714 P Street, Room 523

P.O. Box 942732 Sacramento, CA 94234-7320

A copy of pertinent X-ray and valid CMSP card must be attached. There is no prior treatment authorization request for the limited CMSP dental services. CIASP BENEFICIARY INFORMATION

- It is a crime for your to sell or lend your CMSP card to any person or furnish or give your CMSP card to any person other than your provider of services as required under CMSP regulations, (22, CCR, Sec. 50733)
- You should carry your CMSP card with you at all times. Present this card to your provider of services at each visit. Make sure the card is returned to you
- You should carry your CNIDM card with you at all times, present mis card to your provider of services at each visit Make sure the card is returned to you you must report any changes of income property, or other health coverage within ten days to your county wellare department. If you are dissatisfied with any decisions regarding medical care under the CMSP, you have the right to request a hearing by the Department of Social Services. You should either request a copy of the Medical Care Hearing Request, Form 1175, from your Eligibility Worker, or telephone the Public Inquiry & Response Unit at 1-800-952-5253. The completed Form 1175 should be mailed to the address hated on the form.